

Enclosure (2)

Missouri Department of Natural Resources
Hazardous Waste Program
PO Box 176
Jefferson City, MO 65102

To Whom It May Concern:

I am submitting this written request to have our Missouri generator ID number, ^{WA8470031891}(insert number here) made inactive. Our company does not intend to generate any further Hazardous Waste to be treated, disposed of, or stored within the State of Missouri.

If you have any questions please contact (insert name and contact number here).

Sincerely,

Name
Title
Company

USEPA SF



1337357

ESSEX WASTE MANAGEMENT SERVICES, INC.

CERTIFICATE OF DISPOSAL OR RECLAMATION

Essex Waste Management Services, Inc. hereby certifies that all materials described in manifest / bill of lading # 50019 were destroyed / reclaimed in compliance with all applicable federal, state and municipal laws.

ESSEX WASTE MANAGEMENT SERVICES, INC.

BY

LaVonne R. Hickman

Generator:

Federal Center South

DATE 08/20/98

4735 E. Marginal Way S.

Seattle, WA 98314

32284

803012

ESSEX WASTE MANAGEMENT SERVICES, INC.

CERTIFICATE OF DISPOSAL OR RECLAMATION

Essex Waste Management Services, Inc. hereby certifies that all materials described in manifest / bill of lading # 50020 were destroyed / reclaimed in compliance with all applicable federal, state and municipal laws.

ESSEX WASTE MANAGEMENT SERVICES, INC.

BY

LaVonne R. Hickman

Generator:

Federal Center South

DATE 08/20/98

4735 E. Marginal Way S.

Seattle, WA 98314

32285

803013

ESSEX WASTE MANAGEMENT SERVICES, INC.

CERTIFICATE OF DISPOSAL OR RECLAMATION

Essex Waste Management Services, Inc. hereby certifies that all materials described in manifest / bill of lading # 50021 were destroyed / reclaimed in compliance with all applicable federal, state and municipal laws.

ESSEX WASTE MANAGEMENT SERVICES, INC.

BY *L. Van R. Hickman*

Generator:

Federal Center South

DATE 09/16/98

4735 E. Marginal Way S.

Seattle, WA 98314

32286

803614

ESSEX WASTE MANAGEMENT SERVICES, INC.

CERTIFICATE OF DISPOSAL OR RECLAMATION

Essex Waste Management Services, Inc. hereby certifies that all materials described in manifest / bill of lading # 50022 were destroyed / reclaimed in compliance with all applicable federal, state and municipal laws.

ESSEX WASTE MANAGEMENT SERVICES, INC.

BY Laura R. Hickman

Generator:

Federal Center South

DATE 09/08/98

4735 E. Marginal Way S.

Seattle, WA 98314

32287

803015

ESSEX WASTE MANAGEMENT SERVICES, INC.

CERTIFICATE OF DISPOSAL OR RECLAMATION

Essex Waste Management Services, Inc. hereby certifies that all materials described in manifest / bill of lading # 50023 were destroyed / reclaimed in compliance with all applicable federal, state and municipal laws.

ESSEX WASTE MANAGEMENT SERVICES, INC.

BY

L. Van R. Hickman

Generator:

Federal Center South

DATE 08/31/98

4735 E. Marginal Way S.

Seattle, WA 98314

32288

803016

ESSEX WASTE MANAGEMENT SERVICES, INC.



GENERAL INSTRUCTIONS FOR NEGATIVE QUARTERLY REPORTS

Please find attached your Quarterly Report for the quarter ending 12/31/98. Our records indicate that you have not made a hazardous waste shipment into the State of Missouri during the time period of October 1 through December 31, 1998.

Please sign and date Section E - Certification Statement and make a xeroxed copy for your files.

Your completed Quarterly Report should be mailed to:

Missouri Department of Natural Resources
ATTN: Fees and Taxes Unit
P.O. Box 176
Jefferson City, MO 65102

This report is due to MDNR no later than February 15, 1999.

If you have any questions, or require any additional information, please feel free to contact Gerry Carroll at (816) 732-5561.



MISSOURI DEPARTMENT OF NATURAL RESOURCES
HAZARDOUS WASTE PROGRAM
P.O. BOX 176
JEFFERSON CITY, MISSOURI 65102
(314) 751-3176

GENERATOR'S HAZARDOUS WASTE SUMMARY REPORT - PART I

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:		
GENERATOR'S NAME Federal Center South		
CONTACT PERSON (NAME) Dale G. Reimer		
SITE STREET ADDRESS (DO NOT ENTER P.O. BOX) 4735 E. Marginal Way S.		
CITY Seattle, WA	STATE WA	ZIP CODE 98314
GENERATOR'S EPA I.D. NUMBER WA 8470031891		GENERATOR'S MISSOURI I.D. NUMBER 034554
NOTE: THE FEDERAL EPA AND MISSOURI GENERATOR I.D. NUMBERS ARE ASSIGNED EXCLUSIVELY TO THE SITE WHERE WASTE IS PRODUCED. YOU MUST NOTIFY THE DEPARTMENT IF THE ADDRESS FOR THE SITE OF GENERATION CHANGES.		

NOTE ► PLEASE READ INSTRUCTIONS AND EITHER PRINT OR TYPE

SECTION A - REPORT IDENTIFICATION

1. TYPE OF REPORT (CHECK ONE)

☒ QUARTERLY ☐ ANNUAL

(IF ANNUAL CHECKED, PLACE X IN 6-30 BOX)

2. FOR THE PERIOD ENDING (CHECK ONE & FILL IN YEAR)

☐ 9-30-____ (YEAR) ☒ 12-31-98 (YEAR)

☐ 3-31-____ (YEAR) ☐ 6-30-____ (YEAR)

3. PAGE

1 OF 1

SECTION B - GENERATOR IDENTIFICATION

NOTE: Any change in either the mailing or site address from previous reports requires renotification to the Department.

4. GENERATOR'S NAME ☒ SAME AS LABEL

5. GENERATOR CONTACT PERSON (NAME) ☒ SAME AS LABEL

TELEPHONE NUMBER
(206) 768-1434

6. MAILING ADDRESS
4735 E. Marginal Way S.

CITY
Seattle

STATE
WA

ZIP CODE
98314

7. PLANT SITE ADDRESS ☒ SAME AS LABEL

CITY

STATE

ZIP CODE

8. NAME OF PARENT FIRM

OFFICE USE ONLY

SECTION C - STATUS OF WASTE GENERATED (CHECK ONE)

9. ☐ SHIPPED OFF-SITE. Complete part 2, attach completed hazardous waste manifests, sign certification and transmit to the department.

10. ☒ REPORTABLE QUANTITY NOT GENERATED. Sign certification and transmit to the department. (Do not complete Part 2)

11. ☐ REPORTABLE QUANTITY GENERATED BUT NOT SHIPPED OFF-SITE THIS QUARTER. Sign certification and transmit to the department. (Do not complete Part 2).

SECTION D - COMMENTS

12.

Negative report this quarter.

SECTION E - CERTIFICATION STATEMENT

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

PRINT NAME

SIGNATURE

DATE

Foss Environmental and Infrastructure
200 SW Michigan St., Suite 300
Seattle, WA 98106-3906

Federal Center South
Mr. Bill Galloway
4735 E. Marginal Way South
Seattle, WA 98134

Dear Mr. Galloway:

Please find the enclosed Quarterly Summary Reports for periods ending September 30, and December 31, 1998. These should be signed by you and mailed to:

Missouri Department of Natural Resources
Attn. Fees and Taxes Unit
PO Box 176
Jefferson City, MO 65102

I would advise maintaining a copy, for your records however, the original signature must be submitted to the MDNR.

To remove the need for future summary reports, please submit a written request for your company's Missouri generator ID number to be made inactive. I have enclosed an example, which should be submitted on your company letterhead to:

Missouri Department of Natural Resources
Hazardous Waste Program
PO Box 176
Jefferson City, MO 65102

I have also enclosed the Certificates of Disposal or Reclamation issued by Essex Waste Management Services, Inc.

If you have any question please contact me at (206) 768-1457.



Mark Allen Gregory
Hazardous Waste Specialist

Enclosures (3)

ESSEX WASTE MANAGEMENT SERVICES, INC.



GENERAL INSTRUCTIONS FOR QUARTERLY REPORTS

Please find attached your Quarterly Report for shipments made during the third quarter of 1998 - July 1 through September 30.

After you review your report, sign and date the Generator's Hazardous Waste Summary Report - Part I. Attach the Missouri DNR Final Copy Part I (the white copy of the manifest that is returned to you after we accept the shipment) for each shipment made during this time period. Before you send the report to the Missouri Department of Natural Resources (MDNR), you should xerox a copy of the report and each manifest for your records.

Your completed package should be mailed to:

Missouri Department of Natural Resources
ATTN: Fees and Taxes Unit
P.O. Box 176
Jefferson City, MO 65102

Your report should reach MDNR not later than November 15, 1998.

If you have any questions, or require any additional information, please feel free to contact Gerry Carroll at (816) 732-5561.



MISSOURI DEPARTMENT OF NATURAL RESOURCES
HAZARDOUS WASTE PROGRAM
P.O. BOX 176
JEFFERSON CITY, MISSOURI 65102
(314) 751-3176

**GENERATOR'S HAZARDOUS WASTE
SUMMARY REPORT - PART I**

**BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL
OR ENTER:**

GENERATOR'S NAME

Federal Center South

CONTACT PERSON (NAME)

Dale G. Reimer

SITE STREET ADDRESS (DO NOT ENTER P.O. BOX)

4735 E. Marginal Way S.

CITY

Seattle, WA 98314

STATE

ZIP CODE

GENERATOR'S EPA I.D. NUMBER

W A 8 4 7 0 0 3 1 8 9 1

GENERATOR'S MISSOURI I.D. NUMBER

0 3 4 5 5 4

NOTE: THE FEDERAL EPA AND MISSOURI GENERATOR I.D. NUMBERS ARE ASSIGNED EXCLUSIVELY TO THE SITE WHERE WASTE IS PRODUCED. YOU MUST NOTIFY THE DEPARTMENT IF THE ADDRESS FOR THE SITE OF GENERATION CHANGES.

NOTE ► PLEASE READ INSTRUCTIONS AND EITHER PRINT OR TYPE

SECTION A - REPORT IDENTIFICATION

1. TYPE OF REPORT (CHECK ONE)

☒ QUARTERLY ☐ ANNUAL

(IF ANNUAL CHECKED, PLACE X IN 6-30 BOX)

2. FOR THE PERIOD ENDING (CHECK ONE & FILL IN YEAR)

☒ 9-30-98 (YEAR) ☐ 12-31- (YEAR)

☐ 3-31- (YEAR) ☐ 6-30- (YEAR)

3. PAGE

1 OF 3

SECTION B - GENERATOR IDENTIFICATION

NOTE: Any change in either the mailing or site address from previous reports requires renotification to the Department.

4. GENERATOR'S NAME ☒ SAME AS LABEL

5. GENERATOR CONTACT PERSON (NAME) ☒ SAME AS LABEL

TELEPHONE NUMBER

(206) 768-1434

6. MAILING ADDRESS

4735 E. Marginal Way S.

CITY

Seattle

STATE

WA

ZIP CODE

98314

7. PLANT SITE ADDRESS ☒ SAME AS LABEL

CITY

STATE

ZIP CODE

8. NAME OF PARENT FIRM

OFFICE USE ONLY

SECTION C - STATUS OF WASTE GENERATED (CHECK ONE)

9. ☒ SHIPPED OFF-SITE. Complete part 2, attach completed hazardous waste manifests, sign certification and transmit to the department.

10. ☐ REPORTABLE QUANTITY NOT GENERATED. Sign certification and transmit to the department. (Do not complete Part 2)

11. ☐ REPORTABLE QUANTITY GENERATED BUT NOT SHIPPED OFF-SITE THIS QUARTER. Sign certification and transmit to the department. (Do not complete Part 2).

SECTION D - COMMENTS

12.

SECTION E - CERTIFICATION STATEMENT

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

PRINT NAME

SIGNATURE

DATE



MISSOURI DEPARTMENT OF NATURAL RESOURCES
HAZARDOUS WASTE PROGRAM

P.O. BOX 176

JEFFERSON CITY, MISSOURI 65102

(314) 751-3176

GENERATOR'S HAZARDOUS WASTE
REPORT SUMMARY SHEET - PART II

BEFORE COPYING FORM, ENTER THE GENERATOR'S NAME
AND IDENTIFICATION NUMBERS AS SHOWN ON PART I.

GENERATOR NAME

Federal Center South

EPA ID NUMBER

W.A.8.4.7.0.0.3.1.8.9.1

MISSOURI I.D. NUMBER

0.3.4.5.5.4

NOTE ► PLEASE READ INSTRUCTIONS AND EITHER PRINT OR TYPE

ATTENTION: Summarize all shipments made to the Hazardous Waste Management Facility you have identified in Section G below. Additional pages are required for each off-site management facility utilized.

SECTION F - REPORT IDENTIFICATION (AS SHOWN ON PART I)

1. FOR THE PERIOD ENDING (CHECK ONE & FILL IN YEAR)

☒ 9-30-98 (YEAR) ☐ 12-31- (YEAR)

☐ 3-31- (YEAR) ☐ 6-30- (YEAR)

2. PAGE

2 OF 3

SECTION G - FACILITY IDENTIFICATION

3. FACILITY NAME (NAME OF OFF-SITE LOCATION WHERE WASTE WAS DELIVERED)

ESSEX WASTE MANAGEMENT SERVICES

5. FACILITY SITE ADDRESS

1483 S.W. 58 Highway

CITY

Kingsville

STATE

MO

ZIP CODE

64061

4. FACILITY'S EPA I.D. NUMBER

M.O.D.9.8.0.9.6.2.8.4.9

6. FACILITY'S MISSOURI I.D. NUMBER

R.R.0.2.5.7

SECTION H - WASTE IDENTIFICATION

LINE	7. DESCRIPTION OF WASTE SHIPPED TO THE FACILITY LISTED ABOVE	8. EPA HAZARDOUS WASTE NUMBER	9. TAX CODE (SEE INST.)	10. TOTAL AMOUNT OF WASTE	11. UNIT OF MEAS.	12. SPECIFIC GRAVITY	13. FINAL HANDLING CODE
1	WASTE AEROSOLS	D 0 0 1 . . .		10	P	.	T 5 0
2	WASTE TOXIC LIQUIDS, ORGANIC (1,1,1	P 0 0 2 . . .		450	P	.	T 5 0
3	TRICHLOROETHANE, DIMETHOXYETHANE)	. . . . .				.	.
4	HAZARDOUS WASTE LIQUID (LATEX, ENAMEL PAINT)	D 0 0 8 . . .		1350	P	.	T 0 4
5	HAZARDOUS WASTE SOLID (PAINT CANS, FLY ASH)	D 0 0 8 . . .		400	P	.	T 0 4
6	WASTE PETROLEUM DISTILLATES (PAINT,	D 0 0 1 . . .		450	P	.	T 5 0
7	THINNER)	. . . . .				.	.
8	WASTE PAINT	D 0 0 1 D 0 0 8 D 0 3 5 F 0 0 3		1600	P	.	T 5 0

SECTION I - TRANSPORTATION SERVICES UTILIZED

14. COMPANY NAME	15. MISSOURI ID NO.	16. US EPA I.D. NUMBER
a Rust and Sons	H . . 2 0 2 6	C . A . D . 9 . 8 . 1 . 6 . 3 . 4 . 1 . 1 6
b	H . . . .	. . . . .
c	H . . . .	. . . . .

SECTION J - COMMENTS

17.

Item 4: T04=Treatment

Item 5: T04=Treatment

Additional Codes - Item 8: F005



MISSOURI DEPARTMENT OF NATURAL RESOURCES
HAZARDOUS WASTE PROGRAM
P.O. BOX 176
JEFFERSON CITY, MISSOURI 65102
(314) 751-3176
**GENERATOR'S HAZARDOUS WASTE
REPORT SUMMARY SHEET - PART II**

**BEFORE COPYING FORM, ENTER THE GENERATOR'S NAME
AND IDENTIFICATION NUMBERS AS SHOWN ON PART I.**

GENERATOR NAME

Federal Center South

EPA ID NUMBER

W.A.8.4.7.0.0.3.1.8.9.1

MISSOURI I.D. NUMBER

0.3.4.5.5.4

NOTE ▶ PLEASE READ INSTRUCTIONS AND EITHER PRINT OR TYPE

ATTENTION: Summarize all shipments made to the Hazardous Waste Management Facility you have identified in Section G below. Additional pages are required for each off-site management facility utilized.

SECTION F - REPORT IDENTIFICATION (AS SHOWN ON PART I)

1. FOR THE PERIOD ENDING (CHECK ONE & FILL IN YEAR)

☒ 9-30-98 (YEAR)

☐ 12-31- (YEAR)

☐ 3-31- (YEAR)

☐ 6-30- (YEAR)

2. PAGE

3 OF 3

SECTION G - FACILITY IDENTIFICATION

3. FACILITY NAME (NAME OF OFF-SITE LOCATION WHERE WASTE WAS DELIVERED)

ESSEX WASTE MANAGEMENT SERVICES

5. FACILITY SITE ADDRESS

1483 S.W. 58 Highway

CITY

Kingsville

STATE

MO

ZIP CODE

64061

4. FACILITY'S EPA I.D. NUMBER

M.O.D.9.8.0.9.6.2.8.4.9

6. FACILITY'S MISSOURI I.D. NUMBER

R.R.0.2.5.7

SECTION H - WASTE IDENTIFICATION

LINE	7. DESCRIPTION OF WASTE SHIPPED TO THE FACILITY LISTED ABOVE	8. EPA HAZARDOUS WASTE NUMBER	9. TAX CODE (SEE INST.)	10. TOTAL AMOUNT OF WASTE	11. UNIT OF MEAS.	12. SPECIFIC GRAVITY	13. FINAL HANDLING CODE
1	WASTE CORROSIVE LIQUID (HYDROCHLORIC ACID, PHOSPHORIC ACID)	D 0 0 2 . . .		300	P	.	T.O 4
2		. . .				.	.
3	WASTE FLAMMABLE LIQUID (OIL, LACQUER THINNER)	D 0 0 1 D 0 3 5		3150	P	.	T.5 0
4	WASTE CAUSTIC ALKALI LIQUID (SODIUM HYDROXIDE, SODIUM SILICA TE)	D 0 0 2 . . .		400	P	.	T.O 4
5		. . .				.	.
6		. . .				.	.
7		. . .				.	.
8		. . .				.	.

SECTION I - TRANSPORTATION SERVICES UTILIZED

14. COMPANY NAME	15. MISSOURI ID NO.	16. US EPA I.D. NUMBER
a Rust and Sons	H. . . 2. 0. 2. 6	C.A.D.9.8.1.6.3.4.1.1.6
b	H. . . . .	. . . . .
c	H. . . . .	. . . . .

SECTION J - COMMENTS

17.

Item 1: TO4=Neutralization
Item 4: TO4=Neutralization